

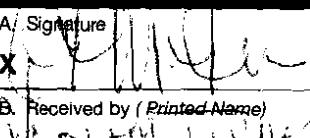
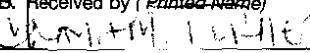
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

United States Department of State  
Office of Passport Policy and Advisory Services  
2100 Pennsylvania Ave. N.W., 3<sup>rd</sup> Floor  
Washington, DC 20037

2. Article Number  
(Transfer from service label)

PS Form 3811, August 2001

A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) 	C. Date of Delivery 6/13/06
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type
<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7001 2510 0008 6348 6076

Domestic Return Receipt

102595-02-M-1540